

STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION & HOUSING AGENCY
OFFICE OF TRAFFIC SAFETY

PROJECT CLAIM DETAIL FOR CURRENT PERIOD

Agency 2. a. Project No. 2. a. Claim No. 2. a.

Costs Incurred From 2. b. Thru 2. c.

Personnel Costs:

(By Position Classification)	Salary	Overtime	Benefits	Total
<u>2. d. (1)</u>	<u>2. d. (2)</u>	<u>2. d. (3)</u>	<u>2. d. (4)</u>	<u>2. d. (5)</u>
↓	↓	↓	↓	↓
↓	↓	↓	↓	↓
↓	↓	↓	↓	↓
TOTAL COSTS	<u>\$ 2. d. (5)</u>	<u>\$ 2. d. (5)</u>	<u>\$ 2. d. (5)</u>	<u>\$ 2. d. (5)</u>
% Claimed: <u>2. d. (6)</u>	Total Personnel Costs:			<u>2. d. (7)</u>

Travel Expenses:

INSTATE: (List each trip for which costs are claimed and individuals traveling)

<u>2. e. (1)</u>

Total cost instate travel: 2. e. (2)

OUT-OF-STATE: (List each trip for which costs are claimed and individuals traveling)

<u>2. e. (3)</u>

Total cost out-of-state travel: 2. e. (4)

Total Travel Expenses: \$ 2. e. (5)

Contractual Services:

Contractor(s) 2. f. (1)

Total Invoiced (Attach Invoice(s)) 2. f. (2)

Percent Retention 2. f. (3) Less Retention: 2. f. (4)

Total Contractual Services: \$ 2. f. (5)

EXHIBIT 5-A**Equipment: Invoiced Amount** (Attach Invoices and Equipment Report OTS-25)

Item(s) Purchased

<u>2. g. (1)</u>	<u>2. g. (2)</u>
<i>Total Equipment Costs:</i>	<u><u>\$ 2. g. (3)</u></u>

Other Direct Costs:

Item(s) Purchased/Charged

<u>2. h. (1)</u>	<u>2. h. (2)</u>
<i>Total Other Direct Costs:</i>	<u><u>\$ 2. h. (3)</u></u>

Indirect Costs:

Base (i.e., Salaries, Total Personnel Costs)

2. i. (1)

Approved Rate:

2. i. (2)*Total Indirect Costs:*\$ 2. i. (3)**TOTAL AMOUNT CLAIMED:** \$ 2. j.